

LOG0000 40390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

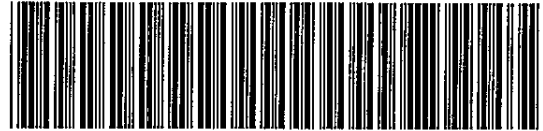
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

4-19  
Just



900070299129

04/14/06--01004--017 \*\*125.00

FILED  
06 APR 14 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BHAlliance LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abhishek Mandhana

(Name of Person)

(Firm/Company)

NW 115th Ave

(Address)

Coral Springs, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Abhishek Mandhana

(Name of Person)

at ( 954 ) 651 0167

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
06 APR 14 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BHAlliance LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

4401 NW 115TH AVE  
Coral Springs, FL 33065

#### Mailing Address:

4401 NW 115TH AVE  
Coral Springs, FL 33065

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Abhishek Mandhana

Name

4401 NW 115TH AVE

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs FL 33065

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

06 APR 14 AM 10:26  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Abhishek Mandhana

4401 NW 115TH AVE

Coral Springs, FL 33065

MGRM

Aditya Pasari

3001 S King Drive Unit 1416

Chicago, IL 60616

MGRM

Mahesh Ramanathan

31 St Andrews Blvd, Apt C

Clifton, NJ 07012

MGRM

Sanket Dave

11895 Silverado Dr

Fishers, IN 46038

(Use attachment if necessary)

FILED  
06 APR 14 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Abhishek Mandhana

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)